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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **09 / 807842** FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2			2		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
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12	1			1		
13	2			2		
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20	2			2		
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26	1			1		
27	2			2		
28	1			1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4	1	7	1	1	
TOTAL DEP.	31	1	51	1	1	
TOTAL CLAIMS	35	1	38	1	1	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS		1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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